

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date 5/1/19	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration 4/19/2019	
Establishment Warner's Bakery		Location 105 W. Main St.		Phone	
License / Permit #	Contact/Permit Holder Kathryn Licht	Purpose of Inspection Routine Follow-up	Est Type FS RS	Risk Category High Medium Low	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R	
Demonstration of Knowledge								
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses			16	IN OUT N/A N/O	Proper cooking time & temperatures	
Employee Health				Potentially Hazardous Food Time/Temperature				
2	IN OUT	Management awareness; policy present			17	IN OUT N/A N/O	Proper reheating proc for hot holding	
3	IN OUT	Proper use of reporting, restriction & exclusion			18	IN OUT N/A N/O	Proper cooling time & temperatures	
Good Hygienic Practices				Consumer Advisory				
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			19	IN OUT N/A N/O	Proper hot holding temperatures	
5	IN OUT N/O	No discharge from eyes, nose, and mouth			20	IN OUT N/A	Proper cold holding temperatures	
Preventing Contamination by Hands				Highly Susceptible Populations				
6	IN OUT N/O	Hands clean & properly washed			21	IN OUT N/A N/O	Proper date marking & disposition	
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			22	IN OUT N/A N/O	Time as public health control; proc & rec	
8	IN OUT	Adequate handwashing facilities supplied & accessible			23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
Approved Sources				Chemical				
9	IN OUT	Food obtained from approved source			24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
10	IN OUT N/A N/O	Food received at proper temperature			25	IN OUT N/A	Food additives: approved & properly used	
11	IN OUT	Food in good condition, safe & unadulterated			26	IN OUT N/A	Toxic substances properly identified, stored & used	
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction			Conformance with Approved Procedures			
					27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	
Protection from contamination				Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.				
13	IN OUT N/A	Food separated & protected						
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized						
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

		COS	R			COS	R
Safe Food and Water				Proper Use of Utensils			
28		Pasteurized eggs used where required			41		In-use utensils: properly stored
29		Water & ice from approved source			42		Utensils, equip & linens: properly stored, dried & handled
30		Variance obtained for specialized processing methods			43		Single-use & single-service articles: properly stored & used
Food Temperature Control				Utensils, Equipment and Vending			
31		Proper cooling methods used; adequate equipment for temperature control			44		Gloves used properly
32		Plant food properly cooled for hot holding			45		Food & non-food contact surfaces cleanable, properly designed, constructed & used
33		Approved thawing methods used			46		Warewashing facilities: installed, maintained, used: test strips
34		Thermometers provided & accurate			47		Non-food contact surfaces clean
Food Identification				Physical Facilities			
35		Food properly labeled; original container			48		Hot & cold water available; adequate pressure
Prevention of Food Contamination				Plumbing			
36	X	Insects, rodents & animals not present; no unauthorized persons	X		49		Plumbing installed; proper backflow devices
37		Contamination prevented during prep, storage & display			50		Sewage & waste water properly disposed
38		Personal cleanliness			51		Toilet facilities: properly constructed, supplied & cleaned
39		Wiping cloths: properly used & stored			52		Garbage & refuse properly disposed; facilities maintained
40		Washing fruits & vegetables			53		Physical facilities installed, maintained & clean
				54			
				Adequate ventilator & lighting: designated areas used			

Person in Charge (Signature) _____

 Follow-up: YES **NO** (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

 ✓ **APPROVED**

 _____ **NEW**

 ✓ **RE-NEW**

 _____ **RE-INSPECT**

[illegible]